

APPLICATION FOR REPLACEMENT OF LICENSE IDENTIFICATION

				131	LI LAGE		LICLIACI	LIDLIA		1014	
NAME OF FIRM/PERS STREET ADDRESS P.O. BOX (If applicable) CITY, STATE, ZIP CO	PHONE NUMBER FAX NUMBER	NUMBER FAX				DEPAR OLYI	PO BOX	F LICENSI 9048 98507-904 -1858 70-7829	FOR STATE OFFICE USE ONLY DATE MAILED APPORTIONED PLATES CAB CARDS VALIDATION TABS BY		
Quinaria				Turno	Current	FOR OFFICE USE ONLY New Plate Number	Please indicate below the applicable dollar amount of replacement fees. (See Replacement Fees to the right)			r amount of s to the right)	
Owner's Equipment Number	Vehicle Identification Number	Year	Make	Type of Vehicle	Current Plate Number		Washington Apportioned Plate	Validation Tab	Cab Card	TOTAL	PRORATE ID REPLACEMENT FEES
							\$	\$	\$	\$	Validation Tab \$2.00 set
							\$	\$	\$	\$	Cab Card
							\$	\$	\$	\$ \$	* Power Unit
							\$		\$		
							\$		\$		T chirt lates for training units
							\$	\$	\$	\$	
							\$	\$	\$	\$	* (Cab Cards and Decals Included in fee)
applicable ite ALL vehicles (specify):	m) Cab Card, Washington Apple, ☐ lost/stolen, ☐ destroyed on is made for the purpose of o	portioned Lice ed/mutilated, btaining a rep	or D	ate, Valida correction	ation Tab is. on of inform	sued to me (us) ination contained	must be repi d thereon:	laced for (C	CHECK the	applicable	the vehicle(s) described below and that: The (CIRCLE the reason)
CONTACT PERSON'S NAME SIGNAT									DATE		
33.117.31 I ENG					J. L		IIILL			DATE	

VALIDATION AREA — DO NOT WRITE IN THIS AREA